

Idaho Bureau of Emergency Medical Services & Preparedness

Idaho Certificate of Eligibility Application

Submit completed application to the Bureau of EMS:

Email EMSPROVLIC@dhw.idaho.gov

Mail 2224 E. Old Penitentiary Rd, Boise, ID 83712

Fax 208-334-4015



Level Applying For: ☐ Emergency Medical Responder ☐ EMT ☐ Advanced EMT ☐ Paramedic

Required attachment: ☐ Copy of ID (*Driver's License, Idaho Identification card, or Military Identification ID card*)

Name _____
Last Name First Name Middle Name/Initial

Social Security # _____ Date of Birth _____ Driver's License # _____ State _____

Mailing Address _____
Street City State Zip County

E-Mail Address _____ Gender ☐ M ☐ F

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Primary Form of Contact: ☐ Home Phone ☐ Work Phone ☐ Cell Phone ☐ Email ☐ Mail

I am also an Idaho licensed/certified health care provider as a(n) (circle all that apply): MD / DO / PA / RN / RT / other (please specify) _____

Have you ever applied for or held an EMS certificate or license in any other state? Yes ☐ No ☐

Have you ever been denied or had revoked an EMS certificate or license in any other state? Yes ☐ No ☐

If you answered **Yes** to either question, complete an Idaho EMS License Verification Request form for each state in which you have ever applied for, been denied, had revoked or held an EMS certificate / license. (This form is available at www.idahoems.org under Provider Licensure Forms)

By signing I certify that the information I have provided within this application, including any attached supplemental information, is true, complete, and correct. I understand that all information is subject to audit and that violation of IDAPA 16.01.07 "Emergency Medical Services – (EMS) Personnel Licensing Requirements" or 16.01.12 "Emergency Medical Services (EMS) – Complaints, Investigations, and Disciplinary Actions" may result in denial, refusal to renew, suspension, or revocation of my EMS license.

Applicant Signature _____ **Date** _____

Received in Bureau

Required: Copy of your Photo ID must accompany your application

- Acceptable forms of ID are: driver's license, state identification card, or military identification card.

Required: Criminal History Check

Accessible on-line at <https://chu.dhw.idaho.gov>.

- Create new registration.
- Complete application using Idaho EMS Bureau Employer ID# 1350
- Schedule fingerprinting appointment

Criminal History check must be cleared before the Idaho EMS Bureau can issue a state license, which must be obtained to practice EMS in the State of Idaho.

Required: License Verification Request Form

This is required from any/all states where you have held or applied for an EMS license.

(This form is available under the Reciprocity section on the Provider Licensure page of IdahoEMS.org. Send a copy of this form to each state where you have held or applied for an EMS license. They will complete the form and return it to the Idaho EMS Bureau.)

Required: Idaho Specific education

- **Landing Zone Officer (LZO)** on-line course at <https://id.train.org>
- **Extrication Awareness (EA)** on-line course at <https://id.train.org>

(Instructions for using the Train Idaho site and successfully printing a completion certificate are found on the EMS Bureau website at www.idahoems.org under LZO or EA in either the Education or Provider Licensure tiles.)

Required: National Registry for EMTs (NREMT) Certification or Assessment Exam

The State of Idaho requires applicants for initial licensure, reciprocity, or Certificate of Eligibility to pass the National Registry of EMT's (NREMT) computer-based assessment or certification examination for your license level within the allowable time frame. The time frame for EMR & EMT is 36 months from the date of licensure, and 24 months from the date of licensure for Advanced EMT and Paramedics.

(An exam application will not be approved until the Idaho Certificate of Eligibility application and Idaho EMS License Verification Request forms are received by the Idaho EMS Bureau.)

Specific instructions for each of these items can be found in the document ***"Reciprocity Instructions"*** below this application on the website

www.idahoems.org

or on the right under *Resources* in the *Provider Licensure* tile.

IDAHO EMS LICENSE VERIFICATION REQUEST

Have you ever applied for or held an EMS certificate or license in any other state?

Have you ever been denied or had revoked an EMS certificate or license in any other state?

- ☐ Yes – complete this form for each state in which you have ever applied for, held or been denied an EMS certificate/license.
☐ No – completion of this form is not required

Authorization to release information to the IDAHO EMS BUREAU (Please Print)

Name: _____ Also Known As: _____
Last First M.I. Alias, Maiden, or Nicknames

Social Security Number: _____-_____-_____. Date of Birth: ____/____/____.

Mailing Address: _____ Phone # _____
Street City State Zip

I hereby authorize the state of _____ EMS licensing agency to furnish the information requested to the state of Idaho.
(State of License)

Certificate/License Number _____ EMS License Level _____

Signature of Applicant _____ Date signed _____

THIS PORTION MUST BE COMPLETED BY THE STATE EMS LICENSING AUTHORITY

1. Status

License/Certificate # _____ Expiration Date _____ Status _____

2. License Scope of Practice

Dot-National Standard

- ☐ First Responder 1994
☐ EMT-basic 1995
☐ Intermediate-85
☐ EMT-Paramedic 1998

OR

National Scope of Practice 2011

- ☐ Emergency Medical Responder (EMR) 2011
☐ Emergency Medical Technician (EMT) 2011
☐ Advanced EMT (AEMT) 2011 or ☐ I-99
☐ Paramedic 2011

3. Has your state taken any disciplinary action against this person resulting in a suspension, probation, revocation or denial for EMS certification or licensure?

- ☐ NO
☐ YES If Yes, please describe (Use Attachment if needed) _____

4. Is this individual currently under investigation by your agency?

- ☐ NO
☐ YES If Yes, upon completion of investigation, please notify the Idaho EMSP Bureau of the outcome and any disciplinary action.

I hereby certify that the above information is true and correct recorded by this office.

Signature

Name (print)

Date

Title

Phone

State Agency Name



IDAHO DEPARTMENT OF
HEALTH & WELFARE

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